

DECLARATION/ POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION

☐ Declaration Submitted With Initial Filing (37 CFR 1.63)

☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

☐ Supplemental Declaration (37 CFR 1.67)

Attorney Docket Number: INTE0004-100

First Named Inventor: Robert Doms

COMPLETE IF KNOWN

Application Number: 10/032311

Filing Date: December 21, 2001

Art Unit: 1648

Examiner: Jeffrey S. Parkin

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Lipoparticle comprising a protein and methods of making and using the same

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on December 21, 2001 as United States Application Number 10/032,311.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet attached hereto.

Declaration/Power Of Attorney for Utility or Design Patent Application

(continued)

I hereby appoint:

☒ Practitioners at Customer Number **34136**

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Direct all correspondence to:

☒ Practitioners Customer Number listed above; **OR**

☐ Correspondence Address Below

Name:

Address:

City:

State:

Zip:

Country:

Telephone:

Fax:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

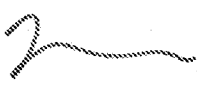
Declaration/Power Of Attorney for Utility or Design Patent Application (continued)

Name of First Inventor:		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
Robert		Doms	
Inventor's Signature <u><i>Robert M. Doms</i></u>		Date: <u>11/20/07</u>	
Residence: City: <u>BERWYN</u>	State: <u>PA</u>	Country: <u>USA</u>	Citizenship: <u>USA</u>
Mailing Address: <u>1230 S. LEOPARD RD.</u>			
Mailing Address:			
City: <u>BERWYN</u>	State: <u>PA</u>	Zip: <u>19312</u>	Country: <u>USA</u>
<input checked="" type="checkbox"/> Additional inventors are listed on the next page.			

Declaration/Power Of Attorney for Utility or Design Patent Application
(continued)


Name of Second Inventor:		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
Joseph		Rucker	
Inventor's Signature <u>Joseph Rucker</u>		Date: <u>11/19/07</u>	
Residence: City: <u>Philadelphia</u>	State: <u>PA</u>	Country: <u>USA</u>	Citizenship: <u>US</u>
Mailing Address: <u>1515 Naudain St.</u>			
Mailing Address:			
City: <u>Philadelphia</u>	State: <u>PA</u>	Zip: <u>19146</u>	Country: <u>USA</u>
<input checked="" type="checkbox"/> Additional inventors are listed on the next page.			

Declaration/Power Of Attorney for Utility or Design Patent Application (continued)

Name of Third Inventor:			<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))			Family Name or Surname	
Trevor L.			Hoffman	
Inventor's Signature 			Date: 11.28.07	
Residence: City: Irvine	State: CA	Country:	Citizenship: USA	
Mailing Address: 93 Murasaki St.				
Mailing Address:				
City: Irvine	State: CA	Zip: 92617	Country: USA	
<input checked="" type="checkbox"/> Additional inventors are listed on the next page.				

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(continued)

Name of Fourth Inventor:		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
Paul		Bates	
Inventor's Signature 		Date: <u>11/21/07</u>	
Residence: City: <u>Swarthmore</u>	State: <u>PA</u>	Country: <u>US</u>	Citizenship: <u>US</u>
Mailing Address: <u>603 University Place</u>			
Mailing Address:			
City: <u>Swarthmore</u>	State: <u>PA</u>	Zip: <u>19081</u>	Country: <u>US</u>
<input checked="" type="checkbox"/> Additional inventors are listed on the next page.			

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(continued)

Name of Fifth Inventor:		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
James		Hoxie	
Inventor's Signature: <u>James C. Hoxie</u>		Date: <u>11/16/07</u>	
Residence: City: <u>Becwyn</u>	State: <u>PA</u>	Country: <u>US</u>	Citizenship: <u>US</u>
Mailing Address: <u>Rm 356 BRS II/II 421 Curie Blvd Phila PA</u>			
Mailing Address:			
City: <u>Phila</u>	State: <u>PA</u>	Zip: <u>19104</u>	Country: <u>US</u>
<input checked="" type="checkbox"/> Additional inventors are listed on the next page.			

Declaration/Power Of Attorney for Utility or Design Patent Application (continued)

Name of Sixth Inventor:		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
Michael		Endres	
Inventor's Signature <u>Michael J. Endres</u>		Date: <u>11/17/2007</u>	
Residence: City: <u>PAINESVILLE</u>	State: <u>OHIO</u>	Country: <u>U.S.A.</u>	Citizenship: <u>U.S.A.</u>
Mailing Address: <u>7090 SANDPIPER CT.</u>			
Mailing Address:			
City: <u>PAINESVILLE</u>	State: <u>OH</u>	Zip: <u>44097</u>	Country: <u>U.S.A.</u>
<input checked="" type="checkbox"/> Additional inventors are listed on the next page.			

Declaration/Power Of Attorney for Utility or Design Patent Application
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Name of Seventh Inventor:		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
John		Balliet	
Inventor's Signature 		Date: 20 Feb 07	
Residence: City: NORRISTOWN	State: PA	Country: USA	Citizenship: USA
Mailing Address: 67 N. PROSPECT AVE			
Mailing Address:			
City: NORRISTOWN	State: PA	Zip: 19403	Country: USA
<input checked="" type="checkbox"/> Additional inventors are listed on the next page.			

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Name of Eighth Inventor:		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
Dennis		Kolson	
Inventor's Signature <u>Dennis L Kolson</u>		Date: <u>11/16/07</u>	
Residence City: <u>SECANE</u>	State: <u>PA</u>	Country: <u>USA</u>	Citizenship: <u>USA</u>
Mailing Address: <u>969 GREENHOUSE LANE</u>			
Mailing Address:			
City: <u>SECANE</u>	State: <u>PA</u>	Zip: <u>19018</u>	Country: <u>USA</u>